

## Business Insurance Quote Form

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• How would you like to be contacted with your quote?    E-mail    Phone    Fax

• **Information For Business Insurance**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

• How long has your business been operating (select one)    New    Less than one year    Between one and two years  
More than two years

• **Business Type (select one)**    Service    Retail    Wholesale    Manufacturer    Contractor

• **Business Description** \_\_\_\_\_

• **Property Information**

• **Building Value** \_\_\_\_\_ **Building Deductible (select one)**    \$100    \$250    \$500    \$1000

• **Contents Value** \_\_\_\_\_ **Contents Deductible**    \$100    \$250    \$500    \$1000

• **Business Income** \_\_\_\_\_

• **Construction Type (Select One)**    Frame    Brick/Masonry    Veneer    • **Year Built** \_\_\_\_\_

• **Central Station Burglar**    Yes    No    • **Central Station Fire**    Yes    No

• **Other Occupancies in the building** \_\_\_\_\_

**Please provide details for any losses which have occurred in the past three (3) years**

**Loss Description** \_\_\_\_\_

**Comments** \_\_\_\_\_

Were you referred to Insurance Concepts?    Yes    No

If so, by whom? \_\_\_\_\_

**Notice of insurance information practices:**

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.